

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12002</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>PETER</u> <u>THEMASSEN</u> P.O. Box, Bldg., Room No., if any _____ Street <u>395 HUDSON STREET</u> City <u>NEW YORK CITY</u> State <u>NYS</u> ZIP Code + 4 <u>10014 4</u>	4. Name, file number, and address of labor organization. Name <u>NYC DISTRICT COUNCIL OF CARPENTERS</u> Labor Organization File Number <u>032922</u> P.O. Box, Building and Room Number, if any _____ Street <u>395 HUDSON STREET</u> City <u>NEW YORK CITY</u> State <u>NYS</u> ZIP Code + 4 <u>10014 4</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>NYC LABOR MANAGEMENT CO-OPERATION TRUST</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>395 HUDSON STREET</u> City <u>NEW YORK CITY</u> State <u>NYS</u> ZIP Code + 4 <u>10014 4</u>	7. a. Nature of Interest, Transaction, or Income. <u>NATIONAL LABOR MANAGEMENT CONFERENCE REGISTRATION - \$695.00</u> <u>LABOR MANAGEMENT GOLF OUTING - \$114.30</u> <u>LABOR MANAGEMENT DINNER - \$85.97</u> 7. b. Amount. <u>\$ 895.27</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number